

Name
in
Full

Rachael D. Arvins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Summerville Salisbury Co. MARYLAND

Date of death 1909 Month Feb Day 31st Age 46 Months — Days —

Sex Female Color or Race White Birthplace Kent Co., Del.

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Geo. Arvins

Father's Name Johnathan Downham Father's Birthplace Del.

Mother's Maiden Name Ann Henderson Mother's Birthplace Del.

Name of person giving Information Geo Arvins How related to deceased Husband

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

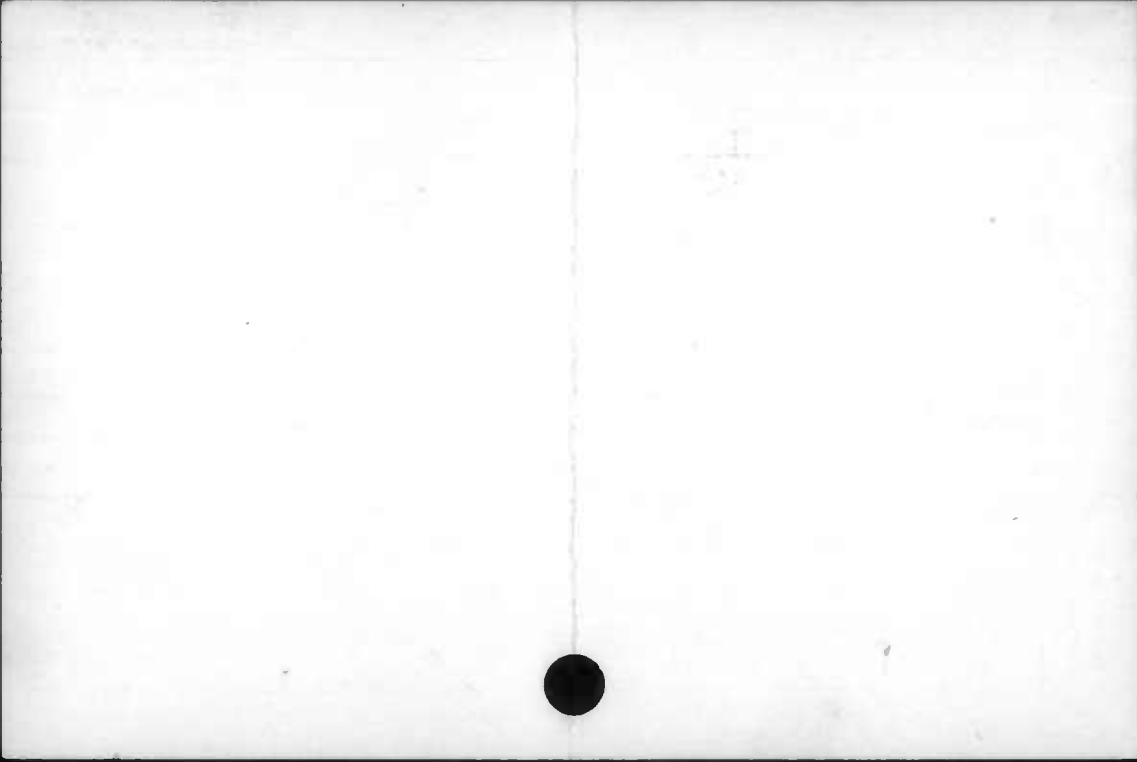
Primary Uterine Carcinoma How long 16 months

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. T. B. Rowe, M.D.

Address Hillsboro

Accident or Suicide No



Name
in
Full

Isaac A. Barber.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

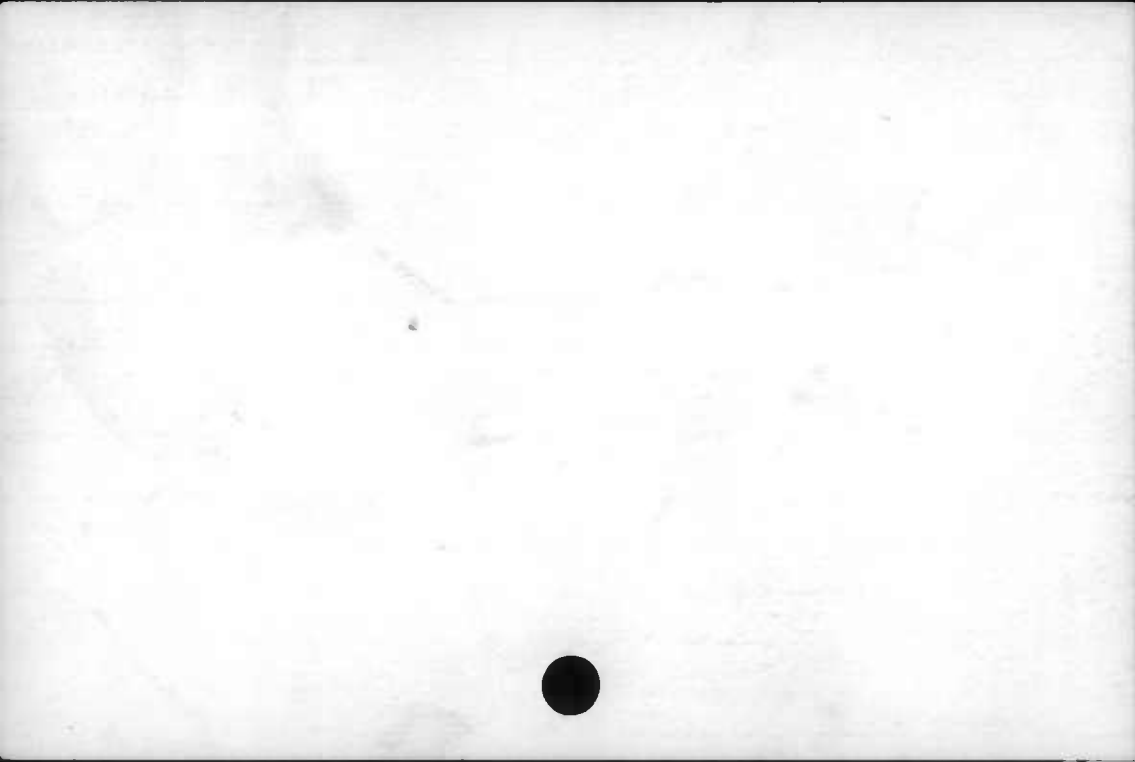
Died at <u>Easton</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month}	<u>3</u> ^{Day}	Age <u>57</u> ^{Years}	<u>1</u> ^{Months}	<u>5</u> ^{Days}	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Salisbury, N. J.</u>			
Occupation <u>Retired</u>	Where Residing if not at place of death <u>Easton Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Nellie V. Barber</u>				
Father's Name <u>John W. Barber</u>	Father's Birthplace <u>Cross Mills, N. J.</u>				
Mother's Maiden Name <u>Anne S. Somers</u>	Mother's Birthplace <u>Penn's Grove, N. J.</u>				
Name of person giving Information <u>Stewart E. Barber</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Neuritis</u>	How long <u>Six years</u>
Immediate <u>Cerebral apoplexy</u>	How long <u>14 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. Stevens</u>
	Address <u>Easton</u>
Accident or Suicide <u>No</u>	<u>Md.</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u>		Town <u>Borne</u>		County <u>Talbot</u>		MARYLAND	
Date of death 1909		Month <u>Mar</u>	Day <u>23rd</u>	Age <u>none</u>	Years	Months	Days
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Easton</u>			
Occupation <u>none</u>				Where Residing if not at place of death <u>Place of death.</u>			
Married, Single or Widowed <u>never</u>		Name of Wife or Husband <u>none</u>					
Father's Name <u>Alexander Borne</u>				Father's Birthplace <u>Cornhill Co.</u>			
Mother's Maiden Name <u>Julia Holmes</u>				Mother's Birthplace <u>Cornhill Co.</u>			
Name of person giving Information <u>Alexander Borne</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Physical Interference with Labor</u>		How long	<u>9 months</u>
Immediate	<u>Asphyxia</u>		How long	<u>8 hours.</u>
Are the name, age, sex, color, date and place correctly given above?		yes		
		Signature of Physician <u>B. L. Travers</u>		
		Address <u>Easton, Md.</u>		
Accident or Suicide				



Name
in
Full

Levisa Brinsfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town *Boston* County *Yolbot* **MARYLAND**

Date of death 190*9* Month *March* Day *21* Age *86* Years *2* Months *11* Days

Sex *Female* Color or Race *White* Birth-place

Occupation *Housewife* Where Residing if not at place of death *Boston*

Married, Single or Widowed *Widow* Name of Wife or Husband *Peter Brinsfield*

Father's Name *Pessie Wright* Father's Birthplace *Dorchester*

Mother's Maiden Name *Eliza Miles* Mother's Birthplace *"*

Name of person giving Information *Willie Ross* How related to deceased *Daughter*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

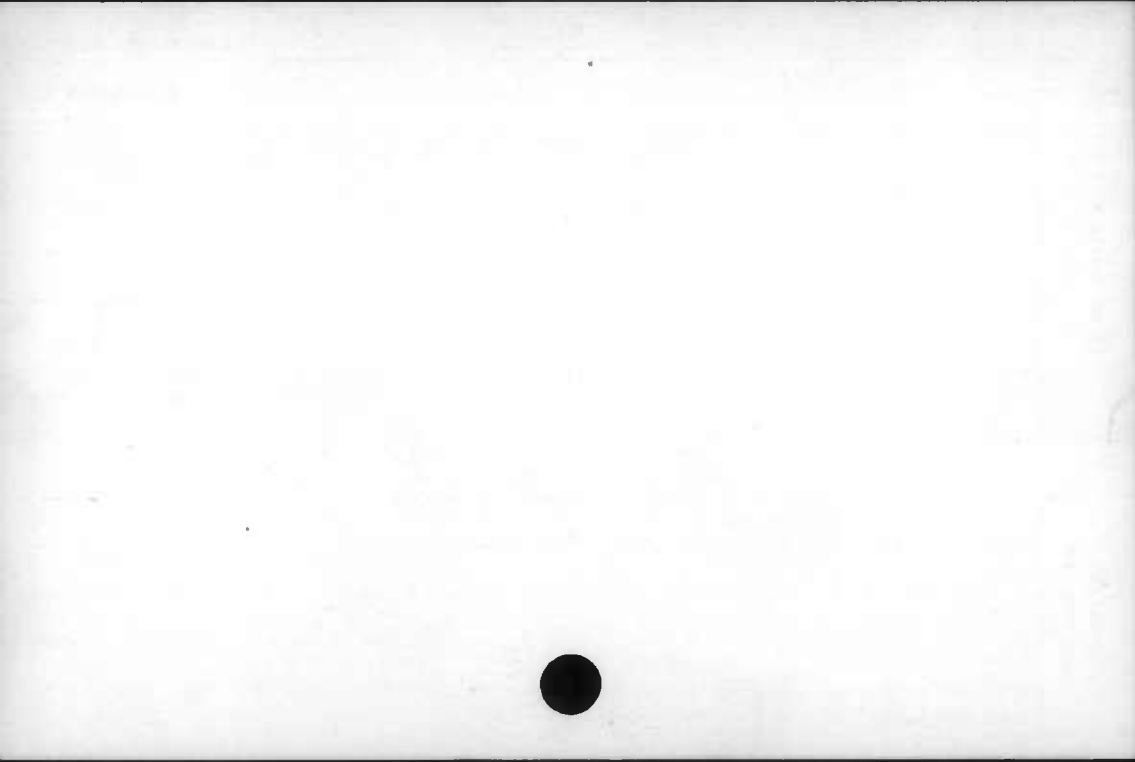
Primary *Old age* How long *3 years*

Immediate *Heart exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Rufus Campbell*

Address *Boston, Md.*

Accident or Suicide *no*



Name
in
Full

Charlotte E. Briccoe

CERTIFICATE OF DEATH

Town

County

Died at near Hamilton

Talbot

MARYLAND

Date

of death

1909

Month

Mch

Day

30

Age

Years

65

Months

Days

Sex

Female

Color or
Race

Negro

Birth-
place

Talbot

Occupation

Farm Hands wife

Where Residing if not
at place of death

near Hamilton

Married, Single
or WidowedName of Wife or
Husband

Wife of Nicholas Briccoe

Father's
Name

Albert Frouzie

Father's
Birthplace

Trappe

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Nicholas Briccoe

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Nephritis

How long

Unknown

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. L. McCormick

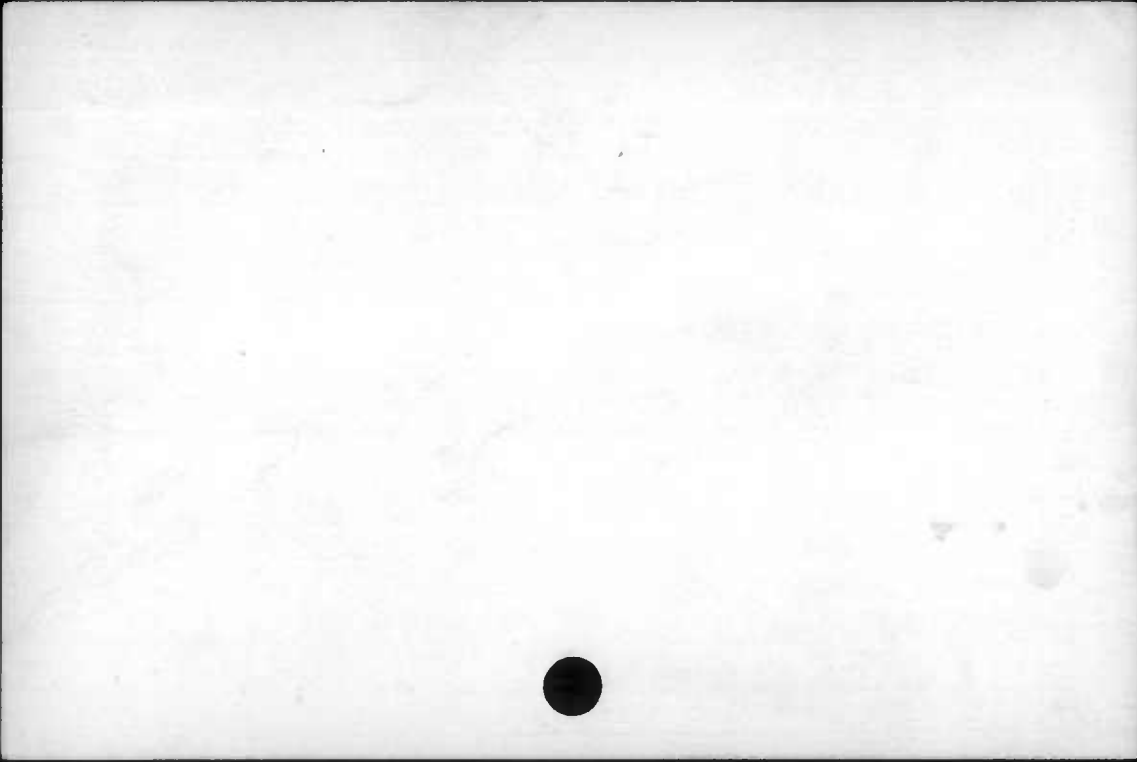
Address

Trappe

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

6



Name
in
Full

Charles Bank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bellvue</u> Town			<u>Talbot</u> County			MARYLAND		
Date of death	1909	Month <u>March</u>	Day <u>3</u>	Age	Years <u>19</u>	Months <u>0</u>	Days <u>0</u>	
Sex	<u>Male</u>		Color or Race	<u>Colored</u>		Birth-place		
Occupation	<u>Laborer</u>			Where Residing if not at place of death				
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband					
Father's Name	<u>John Bank</u>					Father's Birthplace	<u>Talbot Co Md</u>	
Mother's Maiden Name	<u>Ellen Thomas</u>					Mother's Birthplace	<u>Talbot Co Md</u>	
Name of person giving information	<u>Frank Bank</u>					How related to deceased	<u>Cousin</u>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis of Lung.</u>	How long	<u>10 Months</u>
Immediate	<u>Physical Exhaustion</u>	How long	<u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. M. Eccles M.D.</u>
		Address	<u>Offord Md</u>
Accident or Suicide?			



Name
in
Full

Bessie V. Cheezum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Easton ^{Town} Fallbot ^{County} **MARYLAND**

Date of death 190 9 ^{Month} Mc ^{Day} 18 ^{Years} 28 ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place Fallbot Co

Occupation Dressmaker Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Charles F. Cheezum Father's Birthplace Dorchester Co

Mother's Maiden Name Emma Bartlett Mother's Birthplace Fallbot Co

Name of person giving Information Emma Cheezum How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

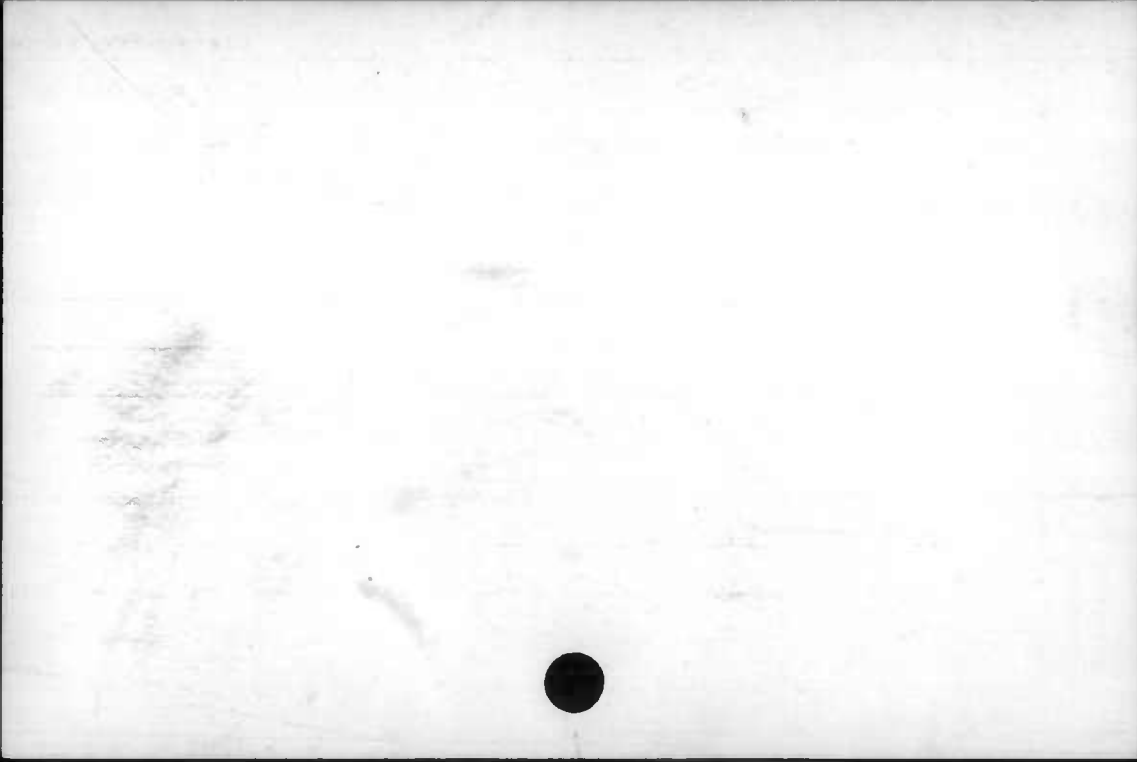
Primary Acute Pulmonary Tuberculosis ^{How long} 7 Mos.

Immediate Exhaustion ^{How long} few wks.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Chas. J. Davidson

Address Easton, Md.

Accident or Suicide



Name in Full		Adeline Clayton				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1909		Mar	24	Age	44	
		Sex		Color or Race		Birth place		
		Female		afriean		Talbot Co.		
		Occupation		Where Residing if not at place of death				
Housework		L						
Married, Single or Widowed		Name of Wife or Husband						
married		Walter Clayton						
Father's Name		Father's Birthplace						
George W. Earl		Talbot Co.						
Mother's Maiden Name		Mother's Birthplace						
Mary E. Cornish		Talbot Co.						
Name of person giving information		How related to deceased						
William H. Bellum		Friend						
		CAUSES OF DEATH		36				
PHYSICIAN OR CORONER		Primary		How long				
		Secondary Syphilis		Several months				
		Immediate		How long				
		Exhaustion Organic heart disease		Some weeks				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
yes		Mr. S. Seymour						
		Address						
		Grapple Md						
Accident or Suicide?								
no								

10

Town

County

State

March



Name
in
Full

William Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Chappie* TownCounty *Talbot*Date of death *1909* Month *March*Day *10*Age *64* YearsMonths *—*Days *—*Sex *male*Color or
Race*white*Birth-
place*Del*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Frances Cook*Father's
Name*Benjamin Cook*Father's
Birthplace*Del*Mother's
Maiden Name*Hester Knotts*Mother's
Birthplace*Del*Name of person giving
Information*Francis Cook*How related
to deceased*wife*

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

64 *on hr.*

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Chas. F. Dondan*

Address

Easton - Md.

Accident or Suicide

PHYSICIAN
OR CORONER

3

13

Name
in
Full

Lucinda Foster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cordova</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death	1909	Month	Mar	Day	3
Age		Years		Months	6
Sex		Female	Color or Race	African	Birth-place
Occupation		Widow	Where Residing if not at place of death		
Married, Single or Widowed		Cordova, Md.			
Father's Name		John Foster		Father's Birthplace	
Mother's Maiden Name		Mary E. Collins		Mother's Birthplace	
Name of person giving information		J. Henry Collins		How related to deceased	
				Uncle	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Influenza with Otitis	How long	3 or 4 weeks
Immediate	Acute Meningitis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. M. Stutte, M.D.	
Address		Cordova Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

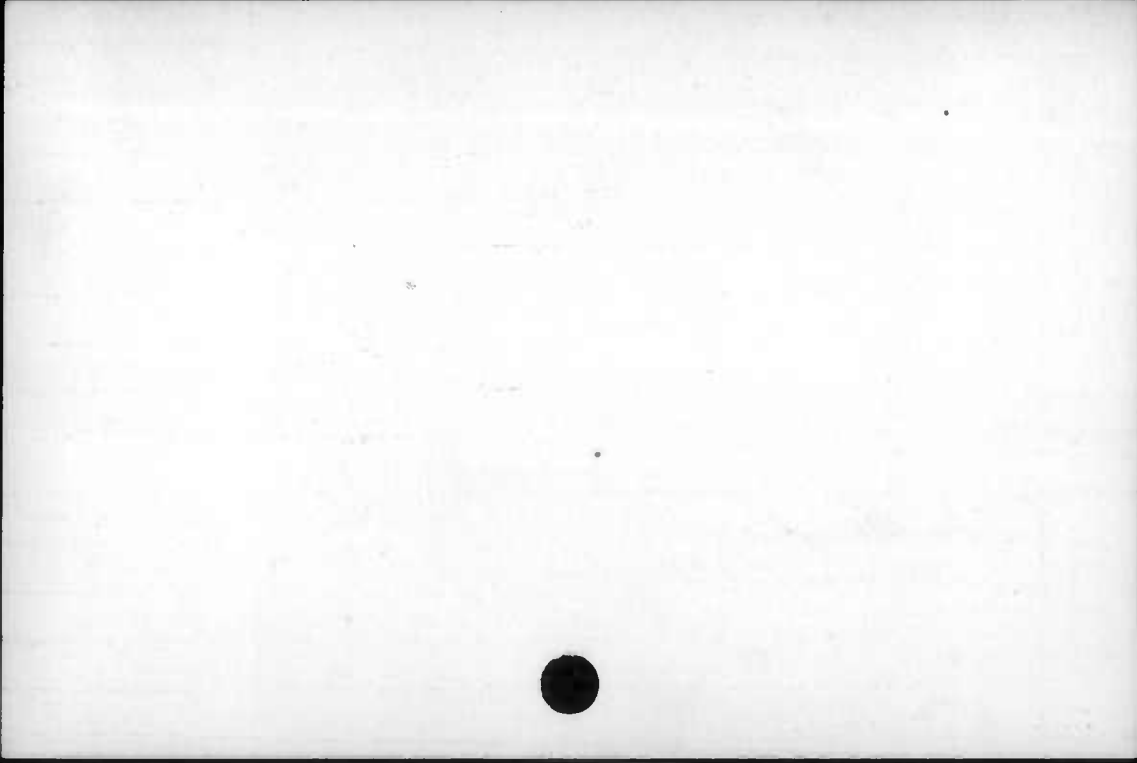
Died at		Town <i>Bozman</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1909	Month <i>July</i>	Day <i>30</i>	Age Years <i>71</i>	Months <i>3</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Talbot Co.</i>				
Occupation <i>farm hand</i>			Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Gardner</i>				Father's Birthplace <i>Talbot Co.</i>			
Mother's Maiden Name <i>Martina A. Gardner</i>				Mother's Birthplace <i>Talbot Co.</i>			
Name of person giving Information <i>Sarah Sherry</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>74 hours</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. B. Sisk</i>
<i>No</i>	Address <i>St Michaels Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Isaac Gardin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Canton ^{County} Talbot MARYLANDDate of death 1909 ^{Month} March ^{Day} 9 ^{Age} 55 ^{Years} ^{Months} X ^{Days} XSex Male ^{Color or Race} Black ^{Birth-place} TalbotOccupation Labor ^{Where Residing if not at place of death} X~~Married, Single or Widowed~~ widower ^{Name of Wife or Husband} don't know^{Father's Name} don't know ^{Father's Birthplace} unknown^{Mother's Maiden Name} Caroline Gebner ^{Mother's Birthplace} Talbot^{Name of person giving Information} Long & Henry ^{How related to deceased} Half brother

CAUSES OF DEATH

10

^{Primary} Pulverizer ^{How long} 5 weeks^{Immediate} Heart dysfunction ^{How long} 3 days^{Are the name, age, sex, color, date and place correctly given above?} Yes ^{Signature of Physician} Robt H. Campbell^{Address} Canton, Md.^{Accident or Suicide} NoPHYSICIAN
OR CORONER

new chapter 11"

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Easton ^{Town} Green ^{County} Dalton MARYLAND

Date of death 1909 ^{Month} March ^{Day} 31 ^{Years} — ^{Months} — ^{Days} —

Sex Male Color or Race Black Birth-place Easton

Occupation none Where Residing if not at place of death X

~~Married~~, Single or Widowed Name of Wife or Husband X

Father's Name Alexander Green Father's Birthplace Wid

Mother's Maiden Name Ardella Johnson Mother's Birthplace Wid

Name of person giving Information Mary Dorsey How related to deceased Grandmother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

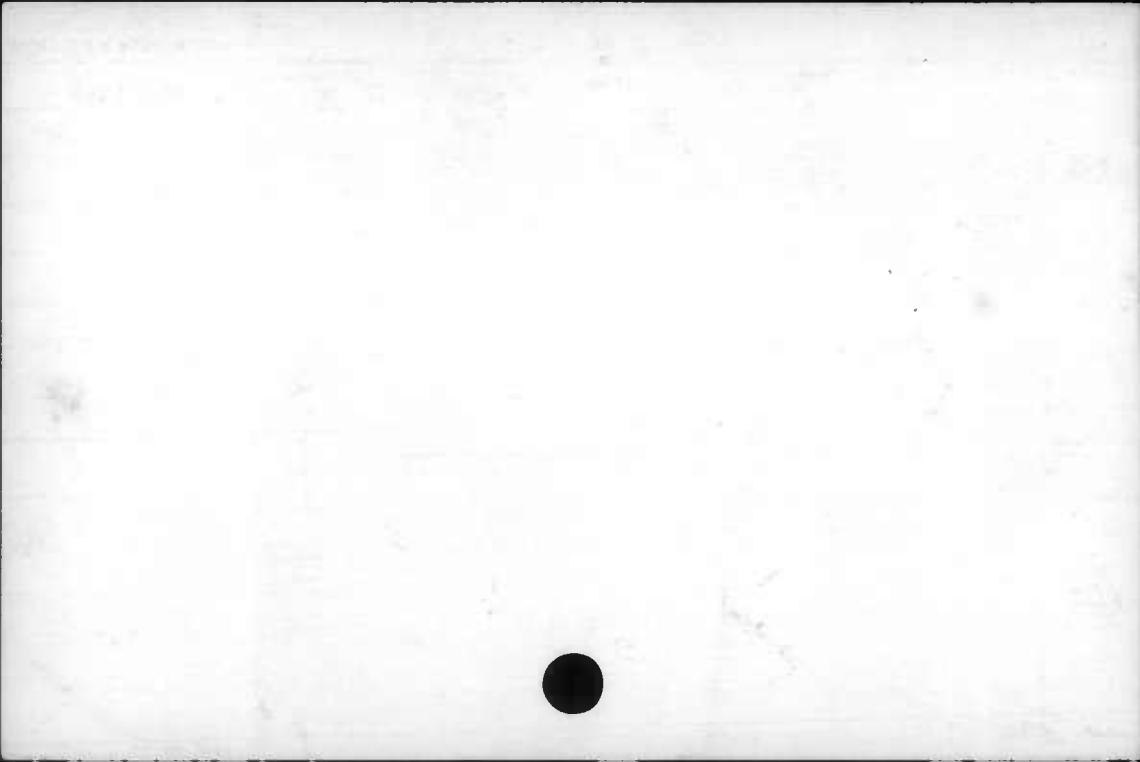
Primary Premature birth How long a few hours

Immediate None How long " "

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician John B Fairbank
Address Coroner
Easton Md

Accident or Suicide



Name
in
Full

Mary E. Haddaway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

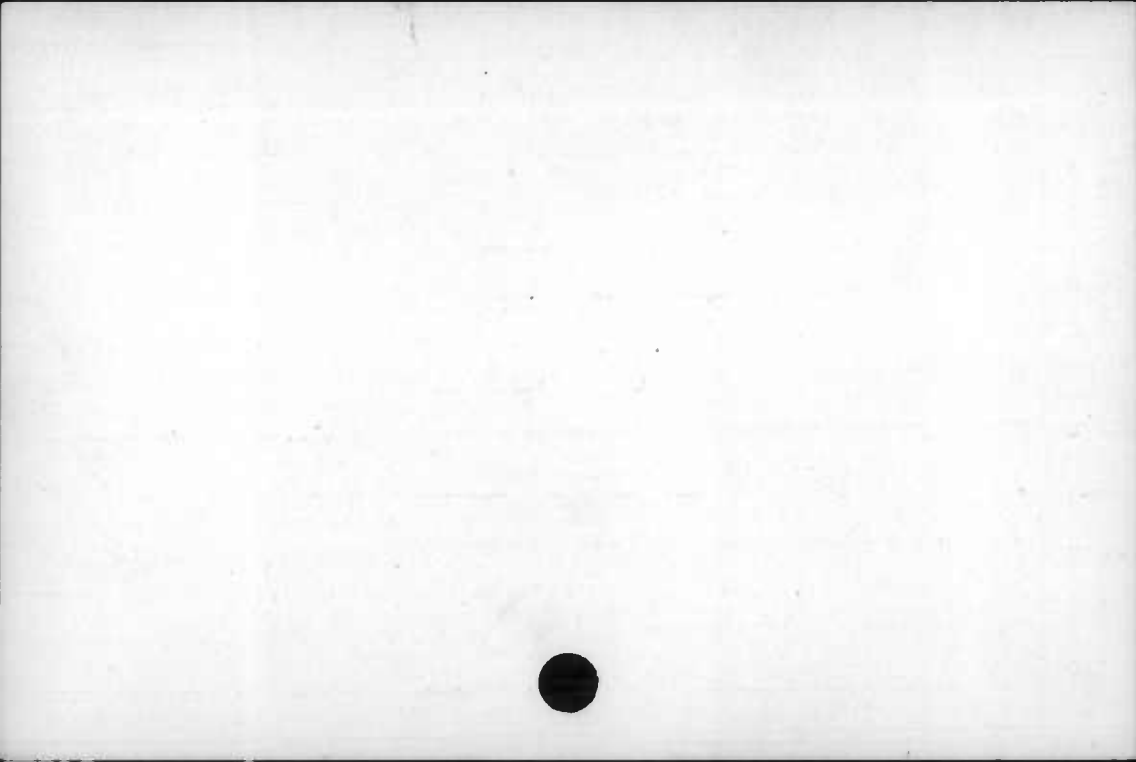
Died at <u>St Michael</u> <u>Tallot</u> County		MARYLAND	
Date of death	190 <u>9</u> Month <u>3</u> Day <u>25</u> Age <u>55</u> Years	Months <u>3</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Tallot Co.</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Same</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>James V. Haddaway</u>		
Father's Name <u>Conrad Haddaway</u>	Father's Birthplace <u>Baltimore</u>		
Mother's Maiden Name <u>Harriet Auld</u>	Mother's Birthplace <u>Tallot Co.</u>		
Name of person giving information <u>A. C. Barkman</u>	How related to deceased <u>Brother</u>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>Heart-Failure</u>	How long <u>—</u>
Immediate	<u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Dr. J. B. Selt</u>
	<u>No</u>	Address <u>St. Michael's Md.</u>
Accident or Suicide?	<u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

P. J. Hubbard

Town *near Ector* County *Talbot* MARYLAND

Died at *near Ector*

Date of death 1909 Month *March* Day *17th* Age *67* Years Months *-* Days *-*

Sex *Male* Color or Race *White* Birth-place *Caroline*

Occupation *Farmer* Where Residing if not at place of death *near Ector*

Married, Single or Widowed *Single* Name of Wife or Husband *Martha J. Hubbard*

Father's Name *Delphina Hubbard* Father's Birthplace *Caroline Co*

Mother's Maiden Name *L. A. Collier* Mother's Birthplace *Caroline Co*

Name of person giving Information *Miss Ruth Hubbard* How related to deceased *Daughter*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Cerebral Hemorrhage* How long *5 days*

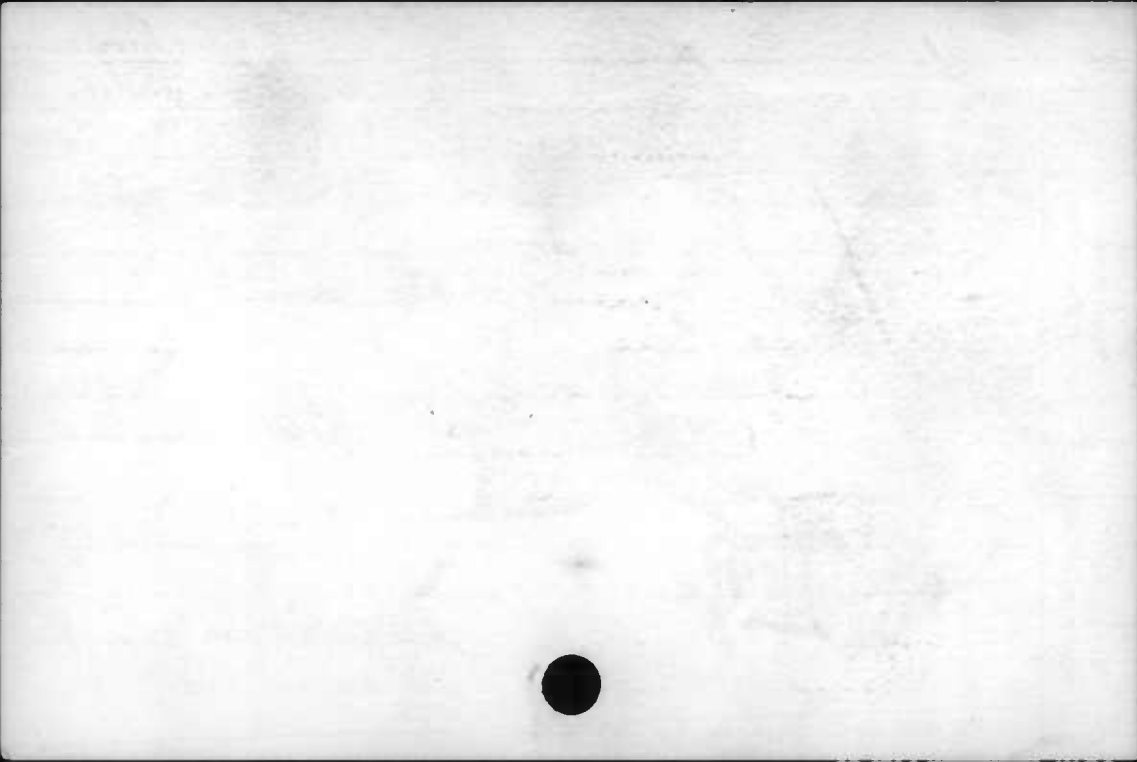
Immediate *Exhaustion* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Chas. H. Danvers*

Address *Ector Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

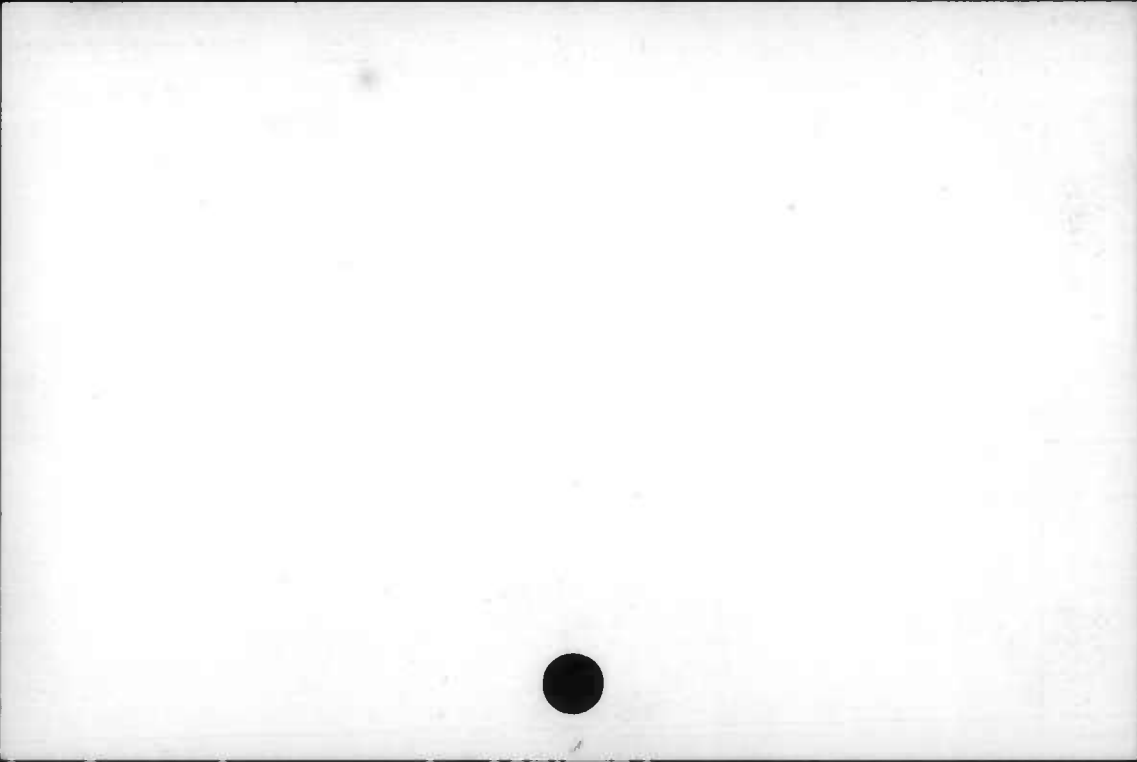
Died near <i>James Stelso</i>		County <i>Salbot</i>		MARYLAND	
Date of death 1909	Month <i>3</i>	Day <i>14</i>	Age <i>90</i>	Months <i>1</i>	Days <i>10</i>
Sex <i>Male</i>		Color or Race <i>negro</i>		Birth-place <i>Salbot Co Md</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Hennetta Pinckney</i>				
Father's Name <i>James Stelso</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving Information <i>Thos Fletcher</i>		How related to deceased <i>Grandson</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Aproplexy -</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph A Ross M D</i>
	Address <i>Trappe, Md</i>
Accident or Suicide <i>_____</i>	



Name
in
Full

CERTIFICATE OF DEATH

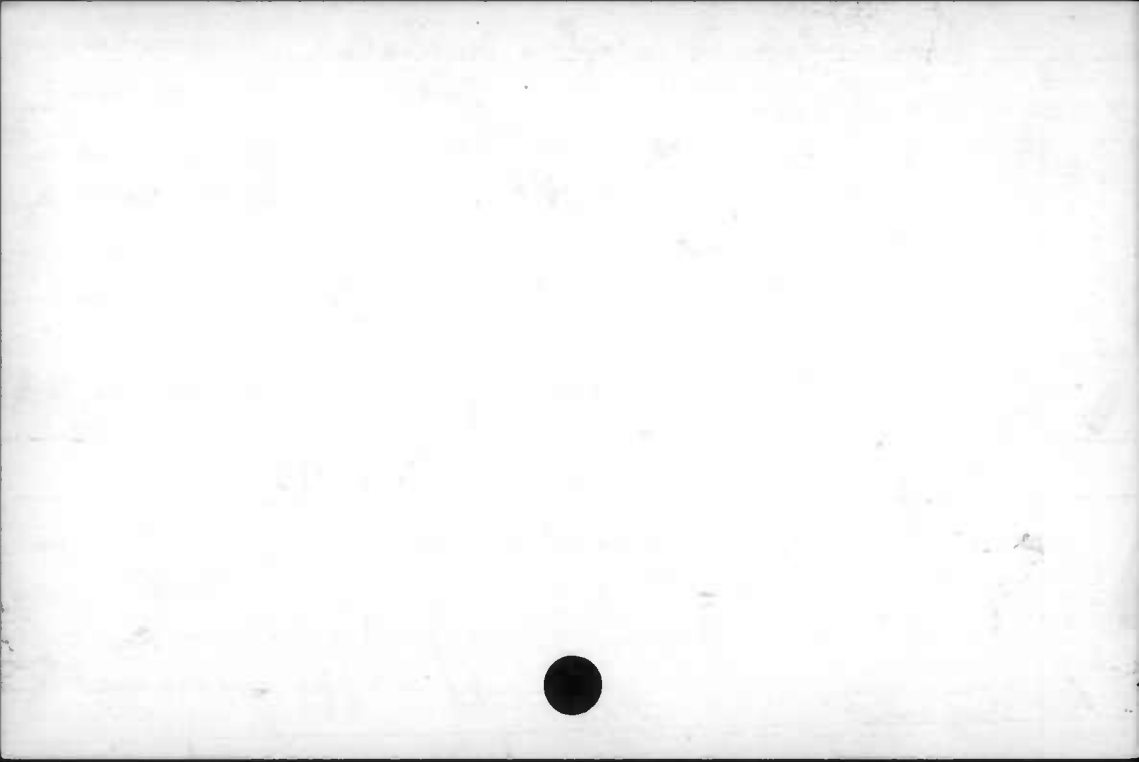
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wilbert Kirby</i>		Town <i>St. Michaels</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>St. Michaels</i>		Month <i>March</i>		Day <i>26</i>		Age <i>1</i>	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>26</i>		Age <i>1</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birthplace <i>St. Michaels</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Noah Kirby</i>		Father's Birthplace <i>St. Michaels</i>					
Mother's Maiden Name <i>Annanda Thomas</i>		Mother's Birthplace <i>St. Michaels</i>					
Name of person giving Information <i>Noah Kirby</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Broncho-pneumonia</i>	How long	<i>One week</i>
Immediate	<i>Respiratory failure</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. St. John M.D.</i>	
Address		<i>St. Michaels</i>	
Accident or Suicide		<i>No</i>	



Name
in
Full

Columbis Christopher Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near ^{Town} <i>Pappe</i>		^{County} <i>Talbot</i>		MARYLAND	
Date of death	1909	Month	3	Day	10
Age	64	Years		Months	11
Sex	Male	Color or Race	Negro	Birth-place	Talbot Co. Md
Occupation	Servant		Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband	Harnet Bryan		
Father's Name	Don't know		Father's Birthplace	Unknown	
Mother's Maiden Name	Sophie Nichols		Mother's Birthplace	Talbot Co, Md	
Name of person giving Information	Mrs Geo A Mullikin		How related to deceased	None	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Bright's Disease	How long	Several years
Immediate	Uraemia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Joseph A. Ross M.D.
		Address	Pappe Talbot Co Md
<input checked="" type="checkbox"/> Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Gas. Preston Nicely*

Town *near Surrun Ann* County *Talbot Co.*

Died at *Talbot Co.* MARYLAND

Date of death *1909* Month *March* Day *22nd* Age *1* Years Months *7* Days *—*

Sex *male* Color or Race *Black* Birth-place *Talbot Co.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Gas. E. Nicely* Father's Birthplace *Caroline Co.*

Mother's Maiden Name *Lottie Bedford* Mother's Birthplace *Baltimore*

Name of person giving Information *Gas E. Nicely* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *La Grippe (Intestinal)* How long *3 days*

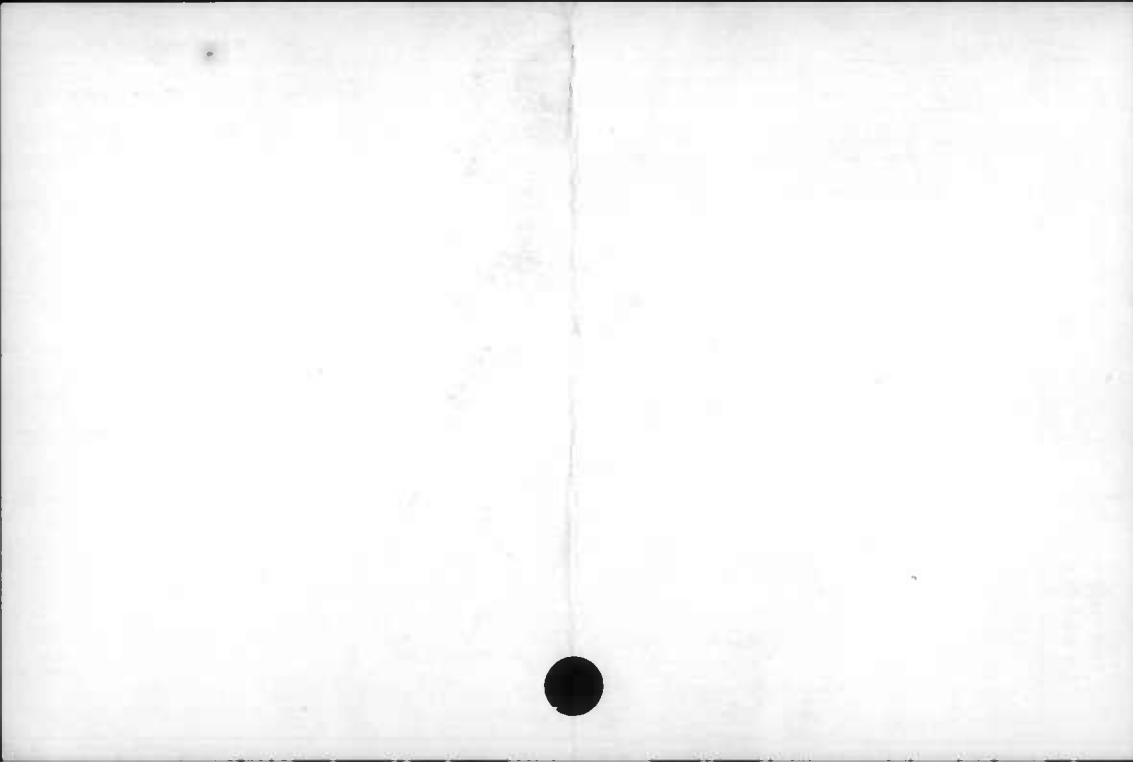
Immediate *Concussion & exhaustion* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. R. Rowe, M.D.*

Address *Hillsboro, Md.*

Accident or Suicide *No.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Nancy Ockenny Town Easton County Talbot MARYLAND

Died at Easton Month 9 Day 20 Age 72 Months 8 Days —

Date of death 190 9

Sex Female Color or Race colored Birthplace Talbot Co.

Occupation Housewife Where Reiding if not at place of death Easton

Married, Single or Widowed Widowed Name of Wife or Husband Emmalls Ockenny

Father's Name Not known Father's Birthplace Wye Mills

Mother's Maiden Name Nancy Cornish Mother's Birthplace Talbot Co.

Name of person giving Information Elizabeth Ockenny How related to deceased daughter

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis How long Six mos.

Immediate Exhaustion How long 3 days

Are the name, age, sex, color, data and place correctly given above? Yes Signature of Physician S. Drwellson

Address Easton

Accident or Suicide



Name in Full *Sarah Amanda Porter*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

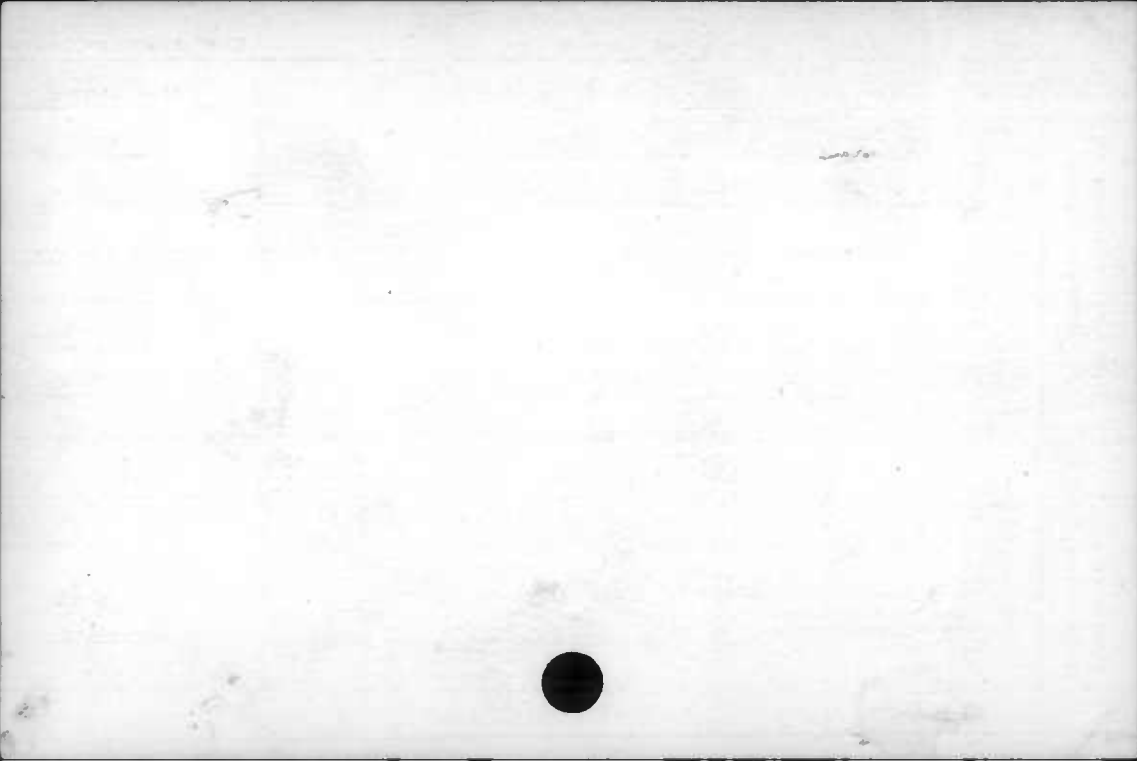
Died at		Town <i>St Michaels</i>	County <i>Talbot</i>	MARYLAND	
Date of death	190	Month <i>March</i>	Day <i>31</i>	Age	<i>about 44</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Kent Co. Md.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death	<i>St Michaels Md.</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>John W. Porter</i>	
Father's Name	<i>J^m Shepherd</i>			Father's Birthplace	<i>Kent Co. Md.</i>
Mother's Maiden Name	<i>Elisabeth Edwards</i>			Mother's Birthplace	<i>Kent Co. Md.</i>
Name of person giving Information	<i>daughters + Physician</i>			How related to deceased	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis,</i>	How long	<i>about 18 mos.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Robert Dodson MD</i>
		Address	<i>St Michaels Md.</i>
Accident or Suicide			



Name
in
Full

Rita Seymour

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

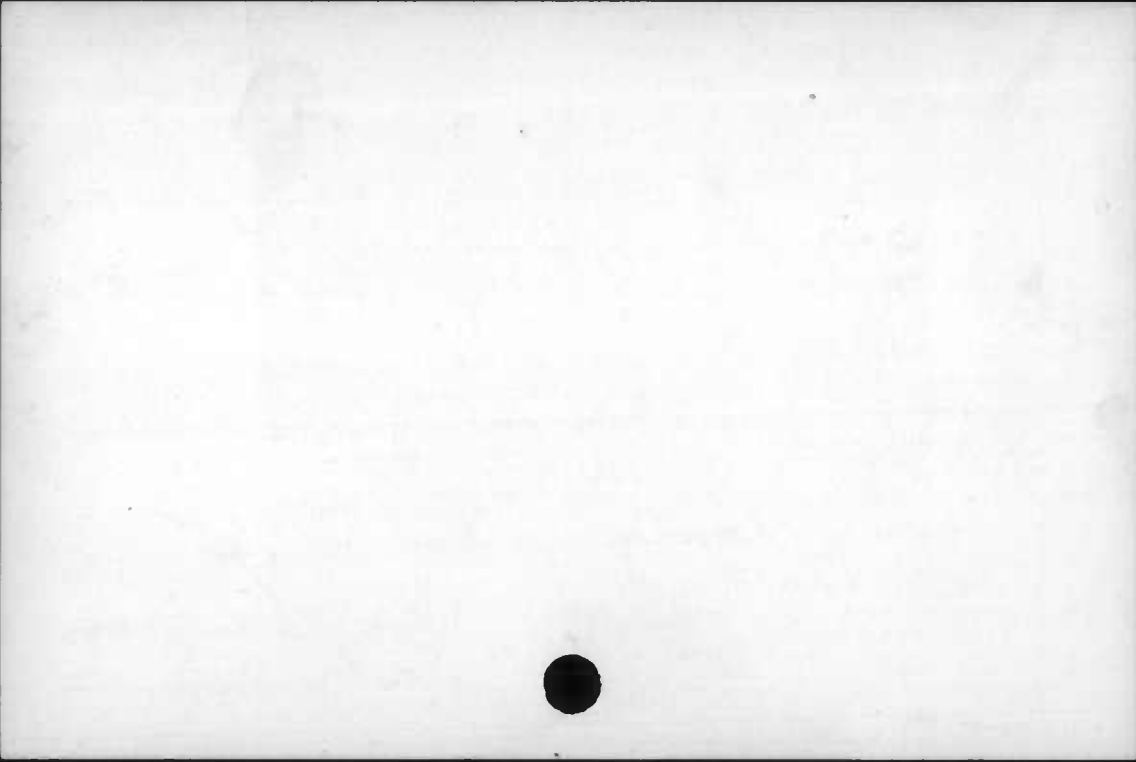
Died at		Trappe		Tallbot		County		MARYLAND	
Date of death		1909		Month		Mar		Day	
		3		Age		12		Months	
		5		Days		22			
Sex		Female		Color or Race		white		Birth-place	
								Tallbot Co.	
Occupation		School girl		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Charles A. Seymour		Father's Birthplace		Tallbot Co.			
Mother's Maiden Name		Mattie Warner		Mother's Birthplace		Tallbot Co.			
Name of person giving information		Jno. R. Warner Jr.		How related to deceased		uncle			

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary		Acute meningitis		How long		7 days	
Immediate		Coma		How long		18 hours	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Mrs. S. Seymour	
				Address		Trappe Md	
Accident or Suicide?		no					



Name
in
Full

Victoria S Surne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Earl ^{Town} Tall ^{County} **MARYLAND**

Date of death 1909 ^{Month} March ^{Day} 28 ^{Years} 69 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Baltimore

Occupation Housewife Where Residing if not at place of death A

~~Married, Single~~ Widow ~~or Widowed~~ Name of Wife or Husband John W Surne

Father's Name Daniel Henry Father's Birthplace Baltimore

Mother's Maiden Name Mary Smith Mother's Birthplace Baltimore

Name of person giving Information Mrs Mary L Kirby How related to deceased Daughter

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary Nervous Exhaustion How long 1 yr.

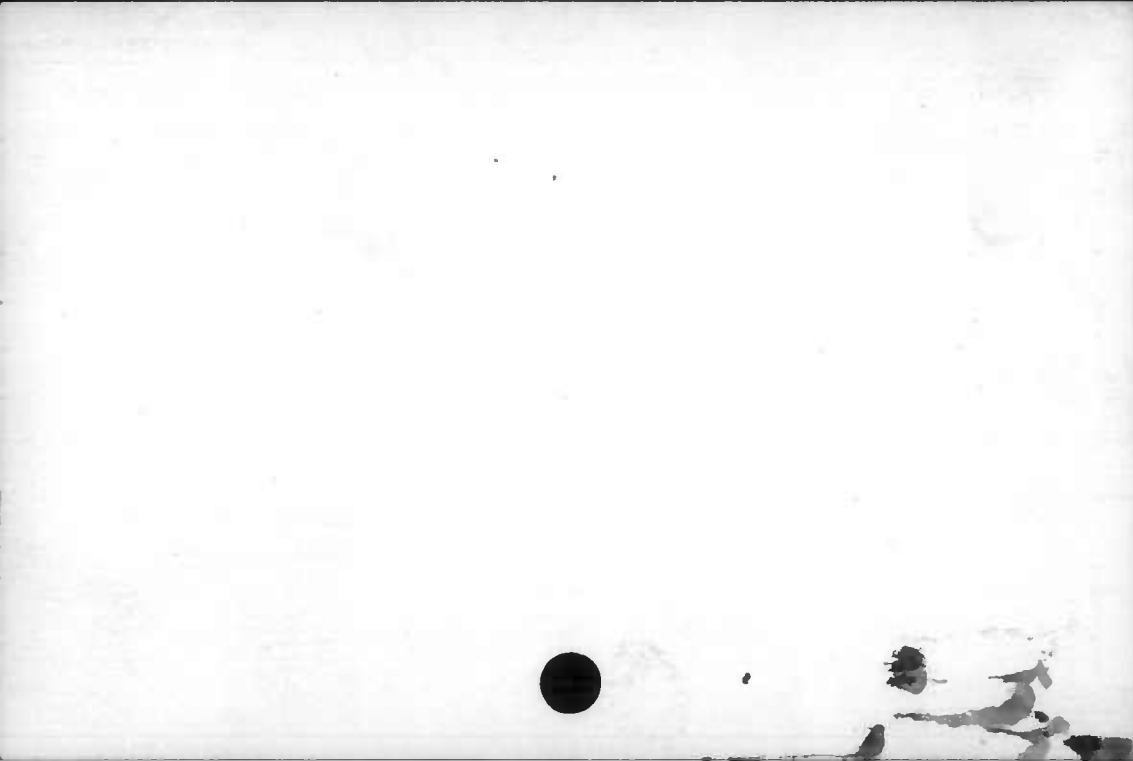
Immediate Exhaustion How long few weeks

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician Chas J. Hanson

Address Easton Md

Accident or Suicide



Name
in
Full

Harrison Warner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

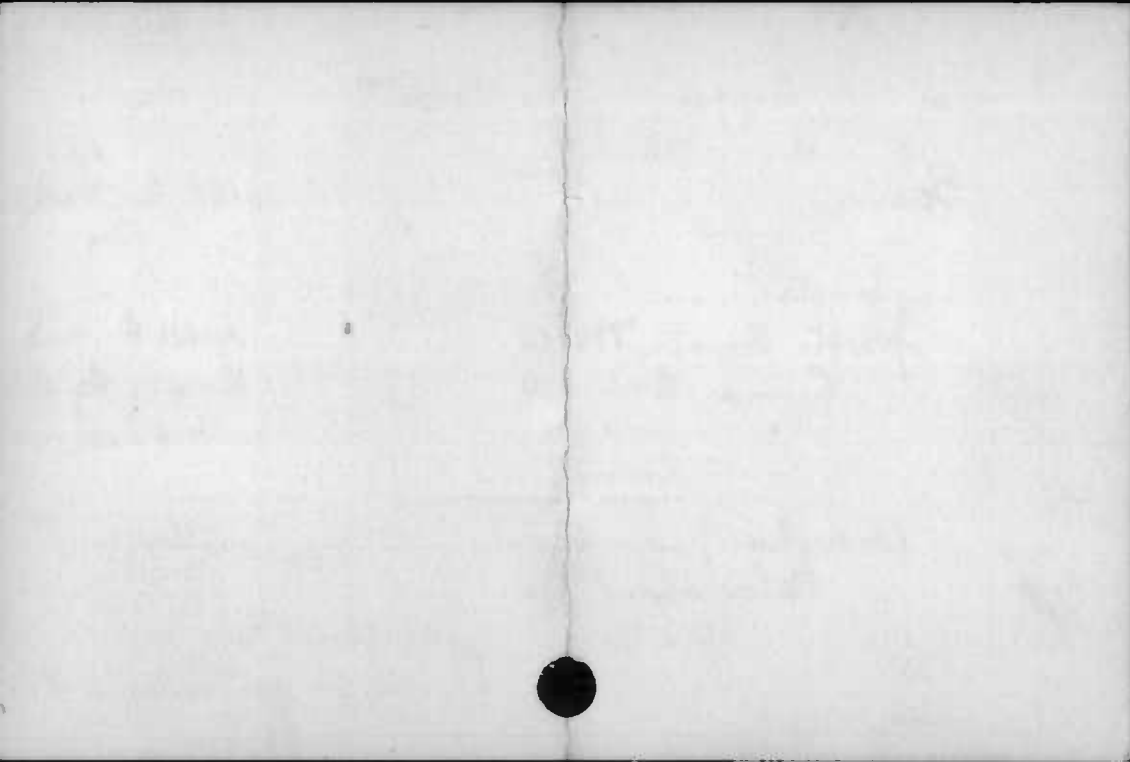
Died at <u>Longwood</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death	1909	Month	Mar	Day	26
Age		Years		Months	Days
21		3			
Sex	Male	Color or Race	Colored	Birth-place	Thye, Mills
Occupation	General Laborer		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Single		None			
Father's Name	Mr. Warner		Father's Birthplace		
		Near Chapel			
Mother's Maiden Name	Henrietta Thomas		Mother's Birthplace		
		Talbot			
Name of person giving information	Mr. Warner		How related to deceased		
		Father			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis of lungs	How long	Sept fall
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		G. M. Butte, M.D.	
		Address	
		Cordons	
		Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

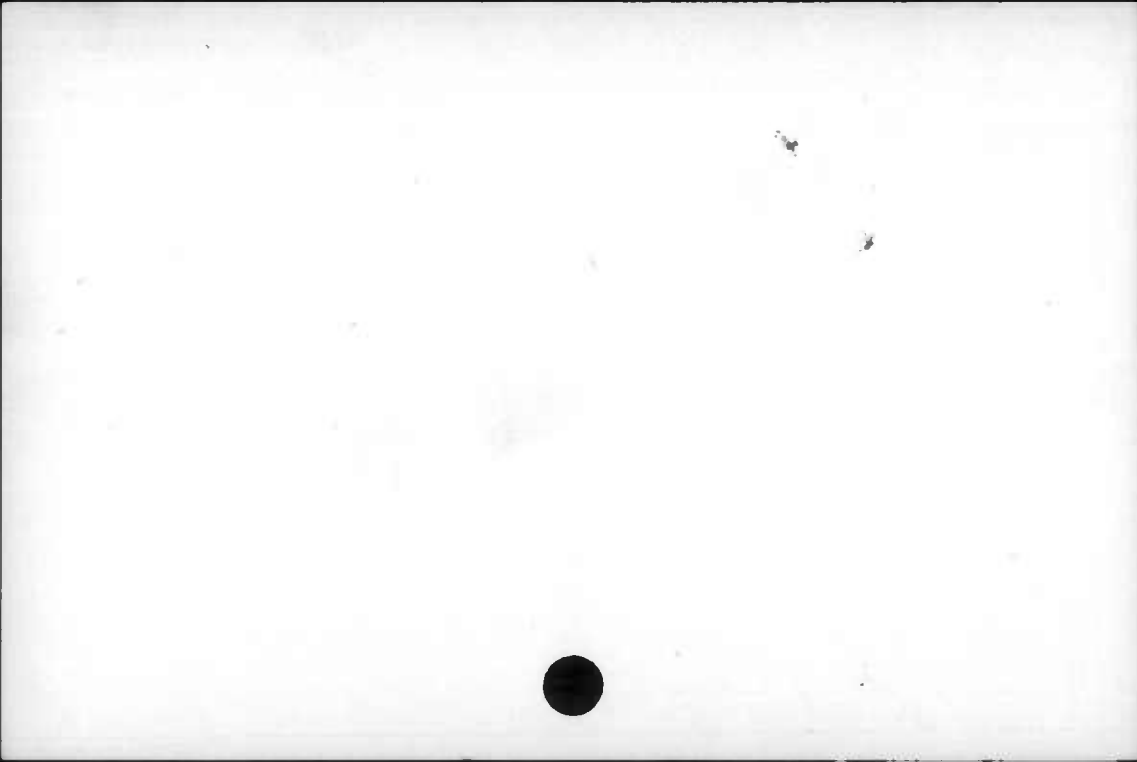
Died <i>near</i>		Town <i>Grapple</i>	County <i>Natts</i> <i>Palbre</i>	MARYLAND	
Date of death <i>1909</i>	Month <i>3-</i>	Day <i>26</i>	Age <i>—</i>	Months <i>—</i>	Days <i>19-</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Palbre Co. Md</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Joseph Ernest Natts</i>	Father's Birthplace <i>Palbre Co. Md</i>				
Mother's Maiden Name <i>Emma Corkran</i>	Mother's Birthplace <i>Lancaster Co. Pa</i>				
Name of person giving Information <i>"</i>	<i>"</i>		How related to deceased <i>mother</i>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Broncho-pneumonia</i>	How long <i>5 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph A. Ross M.D.</i>
	Address <i>Grapple Palbre Co. Md</i>
Accident or Suicide <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crytstown</i>		Town <i>Talbot</i>		County <i>Talbot</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>March</i>		Day <i>16</i>		Age <i>72</i>	
Sex <i>Male</i>		Color or Race <i>Ce'd</i>		Birth-place <i>Talbot County</i>		Months <i>—</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Elizabeth Wilson</i>					
Father's Name <i>Henry Wilson</i>		Father's Birthplace <i>Talbot Co</i>					
Mother's Maiden Name <i>Nancy Flamer</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Wm J. Wilson</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary <i>Necrosis of Inf. Maxillary</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt Haydock</i>
	Address <i>Easton, Md</i>
Accident or Suicide <i>No.</i>	

